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CONFIRMATION NO. 2027

|   |   |  |                                  |   |                           |                                |
|---|---|--|----------------------------------|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/565,675  | <b>FILING or 371(c) DATE</b><br>02/03/2006<br><b>RULE</b>   | <b>CLASS</b><br>600                                      | <b>GROUP ART UNIT</b><br>3768    | <b>ATTORNEY DOCKET NO.</b><br>126748  |                           |                                |
| <b>APPLICANTS</b><br>Yohsuke Kinouchi, Tokushima-shi, JAPAN;<br>Hitoshi Hirano, Nagoya-shi, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP05/13813 07/28/2005 <i>KF</i><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2004-219866 07/28/2004 <i>KF</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/09/2006 |   |  |                                  |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWINGS</b><br>8   | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 19928<br>ALEXANDRIA, VA 22320<br>UNITED STATES  |   |  |                                  |   |                           |                                |
| <b>TITLE</b><br>Blood-vessel-shape measuring apparatus, blood-flow-velocity measuring apparatus, and blood-flow-amount measuring apparatus  |   |  |                                  |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1230  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |